

THE BENEFICIAL ROLE OF CLAY THERAPY PROGRAMS AMONG PERSONS WITH SPECIAL NEEDS IN STATES OF NORTHERN NIGERIA

Dr. Nenrot. V. Gomwalk

Department of Special Education and
Rehabilitation Sciences
University of Jos, Jos, Plateau State
Email: nenrotg@unijos.edu.ng
Phone: +234 8033399364

&

Dr. Esther Dokyoung

Department of Industrial Design
Faculty of Environmental Sciences,
Modibbo Adama University of Technology,
Yola, Adamawa State
Email: estherdokyoung@gmail.com
Phone: + 234 8033930193

ABSTRACT

*Community Based Rehabilitation (CBR) is best understood as a collection of strategies available within the community development milieu for innovative rehabilitation and social integration of persons with disabilities. One viable intervention mode related to CBR practice include the use of play therapy to strengthen and optimize clients' skills. This mode also facilitates the development of better family behavior management and community living patterns. Unfortunately, many rehabilitation professionals are not appropriately prepared to embrace the use of such innovative intervention modes to improve the overall quality of recreational activities available within their immediate environments. The expanded adoption of CBR intervention strategies can positively demonstrate that such traditional strategies as medications, hospitalization, and psychotherapy have limited effectiveness when applied to the socialization and work aspects of individuals with disabilities. This paper discusses the combined significance of **Clay Therapy** and **Art Ability in Disability** programmes as vital tools for promotion of principles of CBR. Attention is specifically paid to the lessons learnt from the implementation of these programme series in Plateau and Adamawa states and Federal Capital Territory, located in Northern Nigeria from 2007 – 2015.*

Key Terms: Clay therapy; Persons with Special Needs; Community Based Rehabilitation; Learning Disabilities; Play; Clay

INTRODUCTION

The provision of care and rehabilitation for people with special needs has received considerable attention from the international community in recent times, although many national governments have still been rated low in terms of provision of psychiatric and mental healthcare. The World Health Organization (WHO) has estimated that one out of four people will have a mental neurological disorder at some point during their life time. Although children and adolescent comprise a third and half of the population in low and middle income countries, there is still high prevalence of mental disorders, and access to mental health care is even more limited for adults since lowest and middle income countries do not provide any adequate care at all (World Health Organization, 2010: CBR Guidelines). The Nigerian government and other stakeholders have made some commendable efforts to combat such primary healthcare ailments as malaria, polio, meningitis, HIV/AIDS, tuberculosis (TB) through the provision of mosquito treated nets, 'free medical care', assistive

devices such as wheels chairs, and much more. In spite of these efforts however, much still remains to be done to provide additional therapy and general rehabilitation measures for persons living with physical disabilities and mental health ailments. According to Jatau, et al (2001), it has been estimated that there are about 64 million Nigerians who suffer from one form of mental disability or the other. This source has also highlighted key causes of mental illnesses to include genetic composition, neurological, psychological, environmental experiences carried over from early life.

Out of these varied causes, some of these experiences occur as a result of externally-caused threats that are beyond the immediate control of affected individuals. Thus, they remain vulnerable and unable to control whatever eventually happens to them in the later phases of their lives. Obi & Ogbe (1985) state that many Nigerians hold the belief that mental disability is caused by supernatural forces which require traditional practices and supernatural incantations. However, such traditional beliefs must of necessity, give way to the realities of modern techniques.

According to Nwokolo (2007), individuals with special needs are referred to as exceptional persons, who broadly include the handicapped and the gifted persons. Nonetheless, many special- needs persons are often categorized and treated as being incapable of socially functioning adequately and, thus, neglected and marginalized in decision-making settings within many traditional communities. Lister, et al (2009) has also noted that many of such individuals living with special needs have marked deficits in social and interpersonal skills. In response to such situations, medication and psychotherapy are often adopted the two major traditional approaches used to cater and treat the identified disabilities for special-needs persons; paying little or no attention towards adequately understanding and remediating the observed functional limitations of this category of individuals. The types of physical or mental disorders that they individually suffer from often vary in both quality and extent. While some disorders may be best understood in relation to the human body's location in space, others may be understood within the context of emotional or social difficulties. People with special needs experience numerous limitations in everyday functioning, some of which include difficulties with interpersonal situation, misinterpreting social cues, inappropriate responses to situations, problems coping with stress such as finding an item in a store, difficulty concentrating, and lack of energy or initiative. Dr. Mary Wickenden of Centre for International Health & Development, University College, London states that all persons with special needs are at risk of being excluded from community activities, to be refused admission to mainstream schools, and healthcare. While those persons with identifiable physical or sensory impairments are relatively less marginalized, others associated with marked cognitive, behavioral or communication or mental health difficulties (or disabilities) seem to be the most stigmatized, least understood or least clinically investigated. In 2011, researchers, educators, development workers and other professionals from varying fields came together to formally launch the Community Base Rehabilitation (CBR) manuals which eventually became useful for providing guidance to caregivers in alleviating the sufferings, challenges faced by people living with disabilities globally. A number of intervention strategies have been devised to circumvent and alleviate learning problems of this category of persons. One of such modern intervention tools for remediating inherent psychological and environmental stress levels among persons with special needs, especially with mental disability, is 'Clay Therapy'. Clay therapy is gradually being accepted as an innovative therapeutic tool for reinforcing and enhancing whatever inherent problem solving skills and self-esteem enhancement potentials in children with special needs. Gradual exposure to activities embedded in Clay therapy practice has been found out to significantly reduce affected children's fears of counseling. This therapeutic tool seem to be able to generate and hold children's inherent interest; establishing an immediate problem solving environment which complements the ongoing treatment plan, strengthens the clinical relationship, and is also fun (Landerth, 2012). The therapeutic value of this particular tool (and its associated methodology) may have been appropriate in the specific case of Jonathan Dokyoung, a special needs client, whose situation is characterized in the following way by close family member:

"Jonathan is a person with special needs who would have significantly benefited from participation in Clay Therapy sessions if he had been

exposed to them in the early 1970s during his childhood. We had to struggle to understand, care and rehabilitate Jonathan who suffered mental health issues right from childhood. We believe that Jonathan could have benefitted from clay therapy because loved drawing on the walls or any surface he found when we were all growing up”.

In 2003, Jonathan was reported to have left his family home under mysterious circumstances and his whereabouts has, unfortunately, never been discovered till date. It was this traumatizing experience that motivated Jonathan’s sister, Esther Dokyoung to begin a search for simple home-based interventions to help alleviate the human development needs of special needs such individuals as Jonathan. One of the primary reasons given by Dokyoung (one of the originators and key contributors to the ‘Art Ability in Disability’ project series) for her active participation in the series is her desire to promote increased levels of awareness and wellness through the personal engagement of special needs persons in art-related activities.

HISTORICAL BACKGROUND OF ‘ART ABILITY IN DISABILITY’ PROJECT SERIES

The Art Ability in Disability Project was first started at University of Jos Model Teaching Centre (MTC), on 18th July, 2007. The need to develop suitable methodologies for effectively interacting with special needs persons in general in the Jos metropolis in particular had first arisen in 2001 from an informal gathering of special-needs enthusiasts which held under the auspices of ‘Endless Options Gallery’, which eventually developed, expanded and was later renamed ‘Helping Hands for Women and Young Support’ Group in 2008. In early 2007, at a MTC board meeting, Esther Dokyoung initiated and submitted a draft proposal on a new specialized art program for special schools. Dupe Kashimawo, an Art Educator and co-member of the MTC board also recognized and affirmed the inherent potentials of the proposal, which was geared towards bringing hope to many special needs persons within the Jos Plateau environment. So the new program began with little or no knowledge on Special Education, but assertive and passionate volunteers. Dupe Kashimawo, Mark Kolo, and Esther Dokyoung, (all artists) took time to teach string and finger painting and engaged selected special needs children in art competitions offering them little gifts to motivate them. Other volunteers included Shonibare, Charles, Sunday Oba, Elisha Dokyoung, Ema Essiet, Nenrot Gomwalk, Prof. Elizabeth Nyager, Uncle Ijembi, Clement Ior, Emmanuel Atebo, Dr. Priscilla Utoo, Oshua Orshio, and Deborah Ella. The special children involved in the project had varying disabilities, ranging from hearing handicap, partially sighted, learning and physically challenged.

At inception, the initiators of the ‘Helping Hands for Women and Young Support’ group recognized the urgent need to bridge the prevalent challenges which teachers, parents and PWDs often faced in effectively teaching creative arts skills to persons with special developmental needs. This non-governmental organization was conceived and gradually developed to engage in art advocacy and creative empowerment activities beginning from 2001, gradually expanding its scope of activities till 2007. The volunteers associated with this specific NGO devoted considerable personal time and spent scarce material/financial resources towards promoting and teaching the basic rudiments of creative arts skills in regular schools in Jos North, Jos South and Barkin Ladi.

The Art Ability in Disability project was officially launched by Helping Hands for Women and Youth Support Group on 18 July 2007. However, its main turning point occurred in December 2007, during the commemoration of the International Day of Person with Disabilities, when a key member of the HHWYS group, Esther Dokyoung, undertook to highlight the practical relevance of creative arts skills by giving practical demonstration of what she do with her potter’s wheel. In doing this, she was able to earn the collective admiration of guests, special-needs children and their parents, as well as demonstrate the inherent potentials of the Arts Ability in Disability project series. Thereafter, children who attended the International Day of Person with Disabilities programme in 2007 became excited and began requesting for clay to play with from that time onwards.

This kind of spontaneous reaction from special needs children in particular serves to prove that such simple activities as rolling balls of clay, molding every-day objects and pitched pots from clay and

other soft mediums of art creation can be easily taught to children. Such activities as rolling and molding clay into various artistic shapes are spontaneous actions that most children found easy to carry out. The previous studies of Lowenfield and Brittain (1970); Libby (1984), White (2006) and Tubbs and Drake (2007) in the respective fields of creative arts education and medicine have separately opined that divergent and convergent cognitive as well as fine motor skills are basic prerequisites for the successful completion of such common school tasks as drawing, cutting, pasting, printing, or writing.

PLAY THERAPY THROUGH ART ABILITY IN DISABILITY PROGRAMMES

After the breakthrough, all subsequent Art Ability in Disability programmes incorporated nonverbal play. Presently, a typical Art Ability in Disability program is a time full of fun, playing, dancing, singing, drawing, molding and learning moral instruction. Tratnik (2006) affirmed that clay therapy is an excellent therapeutic healer. "I have been working for over the past decade and have found it to be the most powerful and effective clinical tool yielding extraordinary therapeutic outcomes. It's like magic!"

One of the earliest champions of play is Fredrick Froebel (1898) who believed that play was the highest form of human activity in childhood. Froebel is considered the father of the modern Kindergarten movement. The renowned social psychologist, Levs Vygotsky (1931, trans, 1991) has also been documented as recognizing that all play involves the use of imagination and the most important activity of childhood. Vygotsky has been further documented as also recognizing the significance of social interaction right from the earliest phases of infancy and early childhood of individuals, often irrespective of developmental language disorders.

Much of the first learning experiences of children are often closely tied to the attainment of tactile sensations and exposure. The senses of tasting, hearing and smelling are generally recognized as being essential to how children respond to various aspects of their immediate social environment. Pollak (1993) has argued that perception involves the reception of sensory impression, remembrance of it and later adaptation and use. Therefore, the need to expose every young or learner to his or her environment, to make learning fun rather than 'serving a sentence' is urgently required. Lowenfield and Brittain (1970) and James (2010) both agree that children's drawing, molding etc. are not crude scribbling and blobbing, but a developing process.

One of the most compelling arguments for accepting play as a therapy tool is its critical role in the development of creativity and imagination. Play is a valuable resource for promoting equality and cultural awareness among children, in addition to having powerful effects on virtually every aspect of human development and learning. Without play, the development of the mind and spirit is stunted. Without play, a child can never enjoy the gift of friendship, for it is in play that a child first experiences the give – and – take of life (Eden, 2010).

Although children involved in the Art Ability in Disability project often work on individual projects, ceramics can also be a very social activity. When appropriate, groups of children with mixed ages and backgrounds were encouraged to work together, which in turn, helps to promote verbal communication skills, build confidence and social skills. Children will often help one another out with ideas for projects or suggestions on how something can be made, and being able to show another child to make something can be particularly rewarding.

APPLICATION OF CLAY THERAPY TO PERSONS WITH SPECIAL NEEDS IN ADAMAWA, PLATEAU AND OTHER STATES IN NORTHERN NIGERIA Partnership with Promasidor/Farm Fresh - 2008 (Jos, Plateau State)

Promasidor Nigeria Limited and Farm Fresh Jos partnered with Helping hands for Women and Youth Support to provide school bags, exercise books, biro, t-shirts and yoghurt in February 2008. This was our first partnership with private organizations. We raised awareness on HIV/AIDS and art/clay play. Dr. Priscilla Utoo anchored the healthcare –based HIV/AIDS programme. Volunteer school teachers from Open Doors, Otana Integrated School, and University of Jos Model Teaching Centre

(MTC) who were also on ground, provided valuable special needs assistance whenever such was required. Finally, such resource persons as Dupe Kashimawo, Esther Dokyoung and Uncle Ijembi handled the art competitions and clay play aspects of the special needs programme.

Art Ability in Disability Medicare and Art Competitions - 2009 (Jos, Plateau State)

Helping Hands and Youth (a Jos-based youth non-governmental organization) conducted art competition and moral education activities, the Plateau State Ministry of Social Development provided welfare needs and advocacy, while Christian Broadcasting Network. (CBN Africa) (a.k.a 700 Club) donated wheel chairs and hearing aids, in addition to providing limited financial support for free medical and pharmaceutical care for programme attendees.

Art Ability in Disability Clay Therapy Programme (in partnership with Kingdom Kids Orphanage, Jos) - 2011 (Jos, Plateau State)

Children with special needs engaged in clay bead-making at the 2011 Art Ability in Disability programme in commemoration of International Day of Persons with Disabilities

Clay Therapy sessions (JUTH), Jos -2007 and (VCH), Vom - 2011 (Jos & Vom, Plateau State)

The activities included clay therapy, fabric dyeing, prim making, video shows, graphic Productions which were carried out at different times and years at the Psychiatric Wards of both the Jos University Teaching Hospital (JUTH) in 2007 and the Vom Christian Hospital (VCH) in 2011. For example, the therapy programme held in JUTH in 2007 was carried out as a partial commemorative event for Esther Dokyoung's birthday that enabled special-need attendees of the occasion to actively participate in creating several relief sculptures of clay. The activities eventually culminated in attendees being compensated with gifts of cakes, sweets and other items of refreshments by the program organizers.

Clay Therapy Sessions -2013 & 2014 (FCT, Abuja)

A variety strategies have been designed in the immediate past to increase community integration and independence of people with special-needs, psychiatric disorders and other forms of disabilities, which forms major focal goals of Community-based Rehabilitation practice. The Clay Therapy sessions in Abuja have been undertaken in collaboration with individual able-bodied children and those with intellectual disabilities. The respective picture plates in Appendices D & E attached to this presentation aptly captures the spontaneous show of enjoyment on the faces of attendees of the Art Ability in Disability programmes held in 2013 and 2014, in partnership with the Korean Cultural Centre, FCT, Abuja.

Clay Therapy sessions - 2015 (Yola, Adamawa State)

The sessions undertaken during this program were among vulnerable girls who have been traumatized by terror and fear arising out of the ongoing Boko Haram insurgency in Adamawa State. Other young girls and university workers not directly affected by the insurgency in Yola participated in the clay therapy sessions for two months. The participants testified to the benefits of creativity, leisure and expressive therapy in enhancing goal setting, using clay as medium for creative art activities. Esther Dokyoung, Kawahya Daniel and Jelena Zivkovic served as resource persons and anchored the implementation of the sessions during this program.

LESSONS LEARNT FROM ART ABILITY IN DISABILITY PROGRAMS IN JOS, ABUJA AND ELSEWHERE IN NORTHERN NIGERIA (FROM 2007 — 2015)

Piloting: Most of these programs commenced with manageable pilot projects from which lessons were learnt and replicated. Likewise, implementation of the "Art Ability in Disability programs" highlighted in this presentation emerged from an initial small-scale 'pilot project' began in one

special-needs school, located in Jos, Plateau State in Nigeria, in mid-2007, with no funding at all from external sources. Volunteers donated food, drinks, money, their time and professional skills. These initial efforts eventually gave us access to government patronage as well as those of other NGOs. Clay play is now widely accepted a key index and CBR-based implementation tool for enhancing the process and rehabilitation activities of persons with learning (LD) in special schools in Jos, even though the nature of these disabilities and their permanence may vary markedly. Learning to mold and shape clay as a rehabilitative activity can be used to strengthen weakened limbs, while painting can be used a tool for enhancing emotional relaxation on the nerves of affected special-needs clients. Moreover, the intellectual aspects of art appreciation can also be developed to emotionally benefit special-needs clients, by making them feel useful and knowledgeable about happenings in their immediate environments.

Coordination and monitoring: Once we realized that Clay Therapy is a brilliant initiative, we were determined to use it to improve livelihood of those with special needs in society. Esther Dokyoung, the initiator and founder of the first 'Helping Hands' special needs- based Creative Arts project (partly highlighted in previous sections of this presentation) had explored different avenues to improve her understanding on occupational therapy, and psychosocial care for special needs persons prior to 2007. Unfortunately, she was not able find full satisfaction within the restrictive framework of the science curriculum of the conventional Diploma in Occupational Therapy, which she had been exposed to prior to 2007. In order to expand her scope of basic understanding and skill competency in the discipline of Creative Arts, she decided to undertake Master's degree studies at Ahmadu Bello University Zaria.

From this academic and professional pursuit, she sought to better understand the existing gaps and challenges associated with the paucity of instructional resources tied to ceramics design for the Independent Education Plan (IEP) team – teachers, parents and persons with learning disabilities. From 2007 to date, she has been able to link up and work with several volunteer artists, special educators, physicians, pharmacists and other professionals with similar interests in exploring and applying Creative Art techniques and methodologies in the Community Based Rehabilitation (CBR) arena.

Innovation and modeling: Art ability is a creative way of blending the art of teaching molding, paper craft, painting, bead work and other innovative crafts. Some parents have found it rewarding to see their wads works framed and exhibited to the public to see. These exhibitions have provided advocacy for action on disability. The adoption of a 'Mobilizing the community' approach presents an innovative way of getting community members to work with disabled persons in finding local solutions to local problems of PWDs. In relation to the above, in 2008 Hillcrest School Chapel in Jos, provided resources for teaching art, moral education; making it possible to use the art ability in disability methodology to enable beneficiaries to enjoy working at creative arts projects at their own leisure.

Networking and partnership: These are several Nigerians (individuals) and organizations that are examples of direct co-funding for Art Ability in Ability programs. So far, all Art Ability programs have been undertaken by Helping Hands for Women and Youths Support, in collaboration with State/Federal Government departments and local NGOs connected with CBR practice. The best examples are Promasidor Company in 2008; Farm Fresh Company, in 2009; Plateau State Ministry of Social Development, in 2009; Christian Broadcasting Network (CBN), in 2009; Federal Ministry of Tourism and Culture; NIITDA; Federal Ministry of Water Resources; Korean Cultural Centre, Abuja; University Basic Education Commission (UBEC), in 2014. These partnerships have largely thrived based on volunteerism of personnel, in kind donation and, on few occasions, monetary assistance and system delivery services.

Human Resources Development: Several teachers have learnt one or two techniques in different craft manipulation and modeling clay. There are several collaborative efforts and avenues to build capacity in the development of professionals to enrich CBR delivery between government and NGOs. Notably, the (CBR) African Conference in 2011 and AIDS 2010.

Policy Formulation: We hope that from now on, the national policy formulation by government on rehabilitation will engage more clay therapists (i.e. mental health physicians, psychologists, special-needs educators and ceramists) will be better informed through a consultative process. Several legislations in Nigeria anchored in CBR have emerged through a consultative process between NGOs and government.

Reporting: Like all other programs in Nigeria, Art Ability in Disability has not been able to share the story of its success, challenges and lessons in a visible manner. Thus, although not many reports of past programs have not been provided in writing, the Art Ability in Disability programs in 2008 – 2009 & 2011 have been reported on the medium of Nigeria Television Authority (NTA) in Jos, while similar Art Ability in Disability programs of 2013 & 2014 were also aired on NTA, Jos, African Independent Television Authority (AIT), Jos and Abuja and Federal Radio Corporation of Nigeria. Abuja.

Exposure: Generally speaking, researchers readily agree that students enrolled in courses designed to stimulate creative ability are able to improve their levels of creativity through the acceptance and adoption of the use of CBR strategies and programs. Thus, through such adoption and use, it is possible for performance levels on creative tests to be significantly improved. It has also been observed by many human development scholars that the presence of early family responsibilities and opportunities for independent action have generally also helped to encourage higher attainments in creativity. Similarly, it has also been noted that the availability of creative training opportunities and programs in schools are more effective when these are closely tied or associated with the presence of good mental health (Libby, 1984).

Art Ability in Disability from inception has served to engage teachers, care givers, students and patients from a number of special schools and rehabilitation centers, from different parts of Nigeria, who have benefited significantly from the success of the implemented through the project. The following were specific beneficiaries: Special Education Model Teacher Centre (MTC) Jos, Plateau State; Open Doors Special Education Centre, Jos, Plateau State; Otana Integrated School, Jos, Plateau State; Plateau State School for the Deaf, Bassa, Plateau State; Rehabilitation Centre, Zaria Road, Jos, Plateau State; Government Vocational School for the Blind, Zawan, Plateau State; Othniel Special Schools, Jos, Plateau State; Hope House Initiative School, Abuja, FCT; Javarrom School for the Handicapped, Keffi, Nassarawa State; School for the Hearing-Impaired Akure, Ondo State; Abuja School for the Deaf, FCT; School for the Blind, FCT; School for the Handicapped, Kuje, FCT. Several individuals with mental health issues at Jos University Teaching Hospital and Vom Christian Hospital Plateau State, Pepsuzie, a medalist in athletics and upcoming painter, James E. Alex, Vincent Auta (alongside several other persons with special needs in Adamawa State) were also worthy beneficiaries from the success of the project.

Experience sharing: This can be encouraged across CBR programs through which both quasi-governmental units and local non-governmental agencies (NGOs) can profitably organize joint learning visits to boost the potential success rates in the implementation of CBR programs and strategies in different special needs communities. For example, such an opportunity was created at the 2010 International AIDS Conference in Vienna, Austria, which provided CBR officers from government and local NGOs with a global platform for learning to providing services to children with disabilities. The lessons learnt from participation at this global forum, through our presentations at the 'Helping Hands' exhibition pilot scheme, helped to bring about gradual transition from a

predominantly institutionalized delivery service towards a more community-oriented service that specifically addressed the peculiar developmental needs of special needs persons.

Evaluation: The impact of clay therapy can be assessed through routine observance as well as feedback from special needs subjects across board. There are numerous positive testimonies of clay therapy classes serving as avenues for creative refreshments by subjects. The inherent benefits of clay therapy has also been proven and can be accepted for replication with groups of internally displaced persons (children). Integration initiatives by government agencies and NGOs would not only bring healing but also serve to open up opportunities for ceramists to engage people that otherwise see ceramists as only 'pot maker'. The research of Dokyoung in 2011 on the relevance of clay for special needs people coupled with the Development of an Indigenous Ceramics Model 'Clay for Play' in 2012 are reminders that when making clay beads, the clay balls must be very large in size to ensure that those with intellectual disabilities do not try swallowing the fired beads. Although other research studies on people with different disabilities are being proposed and undertaken, both Dokyoung and Gomwalk, authors of the current presentation, are hopeful that their collective report of research experiences above would encourage future researchers to embrace the sustained use of clay therapy for addressing the peculiar developmental needs of special needs persons, as demonstrated through the successful implementation of the series of Art Ability in Disability programmes and associated activities carried out in Jos, Abuja, Yola and elsewhere in different parts of Nigeria between 2007 till date between 2007 and the present.

CONCLUSION

The CBR guidelines were developed with a view to providing common nationally-acceptable reference points for all CBR implementers. Clay Therapy has been shown to be able to integrate ceramics as a vital component in bringing about the existence and eventual sustenance of creative therapy in the daily existence of a community of special needs persons. We have been able to observe that the craft of clay molding is preferred to painting. Special needs learners prefer the craft on best-making (rolling clay balls) because this form of activity is not as technical as painting which requires precision and good color choice. Although all the children at the first instance are able to produce one or two beads, an accomplishment that contribute to the promotion of a sense of self-esteem among special needs persons. Thus, free rein – working activities using clay medium obviously offer ample opportunities for affective expression by many persons with special needs.

REFERENCES

Eden, S. T. (2010) Play Work. Retrieved from <http://www.helium.com>. February 12 2010

James, A. (2010) Learning and Teaching convergent and Divergent Learning
Retrieved: <http://www.learningandteaching.info/convergent>

Jatau, M. N., Uzor, C. C., & Lere, M. M. (2001) *Element of special education for prospective teachers*. Jos: Deka Publications

Landreth, G. L. (2012) *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Brunner-Routledge

Libby, B. (1984) Creativity and Counseling. *Highlights: An ERIC/CAPS Fact Sheet*

Lister, S., Tanguay, D., Snow, S., & D'Amico, M. (2009) Development of a creative arts therapies

Center for people with developmental disabilities. *Art Therapy: Journal of the American Art*

Therapy Association 26 (1), 34–37

Lorenz, D. C. (2008) Can I Play? Using Play Therapy for Children and Adolescent with Disabilities. Conference Paper, 2008 American Counseling Association Conference Honolulu, Hawaii

Lowenfield, V., and Brittain W.L. (1970) *Creative and Mental Growth*. Collier-Macmillan Limited, London: (Fifth Ed)

Nwokolo. O. M. (2007) Understanding Learning Disabilities." Intervention and Prevention Strategies. *Journal of Learning Disabilities in Nigeria*. 2(1): 9 A 15

Obi, J.U., & Ogbe, M.A. (1985) Educational Rehabilitation Mentally and Prevention Strategy

Handicapped Children in Benin City, Nigeria. Retrieved from www.ncbi.nlm.nih.gov/pubmed. Pollak M (1993) *Textbook of Developmental Pediatrics*. Churchill Livingstone Inc

Tratnik, T. (2006) *Why Clay Therapy is Effective in Treating Childhood Trauma*. Chicago: Western Illinois University Press

Tubbs, C., and Drake, M. (2007) *Crafts and Creative Media in Therapy*. Slake Inc. Press, NJ, USA

Vygotsky, L. S. (1991) Imagination and creativity in the adolescent. *Soviet Psychology*, 29, 1, 73-88

White, R. P. (2006) *The Clinical Application of Clay with Children*. Guilford Press, New York, NY 10012

World Health Organization (2010) *Community-based Rehabilitation: CBR Guidelines* (Supplementary and Social Component)

Appendix

APPENDIX A



Figure 1a Art Reach – Atebo teaching children in 2005



Figure 1b Dupe Kashumawo at Ability December 2007



Figure 2a Dokyoung, volunteers with Dr Daiwan University Teaching Hospital 2007



Plate 2b Uncle Ijembli painting



Plate 2c and 2d String Painting: Dokyoung with a student of Open Doors Special Education Centre, Jess

APPENDIX B Introduction of Clay



Plate 3a students of Open Doors



Plate 3b molding with clay coils



Figure 3c and 3d Children with Learning Disabilities playing with clay 2011



Figure 3e Vom Christian Hospital psychiatric patients at Art Ability 2011



Figure 4a Hoofed animal expression of 'fear' Adamawa State Nigeria



Figure 4b Clay – bead pendant 2015

APPENDIX C

Medical care.



Figure 5a wheel chair donation by 700 club staff



Figure 5b Receiving medical care



Figure 5c Art Ability competitors



Figure 5d Hearing aid donation

APPENDIX D

Play and leisure



Figure 6a Free play and feeding



Figure 6b and Figure 6c Pupils singing and dancing



APPEDIX E



Figure 7a and 7b at CAN conference – The formal launch of CBR in Abuja 2011



Figure 8a Art Ability brochure 2014

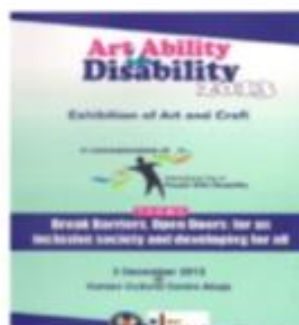


Figure 8b Art Ability brochure 2013